



Armed Forces College of Medicine

AFCM



Nutritionally essential elements with their impacts on liver diseases

Dr/Rasha Elsayed

Dr Marwa A. Dahpy



By the end of this lecture the student will be able to:

- Explain the biomedical importance of minerals
- Correlate copper metabolism to Wilson disease

What are the minerals?



- Inorganic elements which are nutrients.
- Not changed by or digestion metabolism.



Classification of minerals



Minerals are classified into 3 groups

1- Macrominerals (major elements)

- Present in great amounts in tissues.
- The daily requirements for each is >100 mg/day

EX: 7 elements

**Ca , Mg ,
Phosphorous,
Na, K, Cl , Sulfur**

2- Microminerals (trace elements)

- Present in minimal amounts in tissues
- The daily requirements for each is < 100 mg/day

**EX: Iron ,Iodine ,
Copper, Cobalt , chromium, Mn**

3-Extra trace elements <1 mg/day Molybdenum , Selenium , Zn



1-Potassium

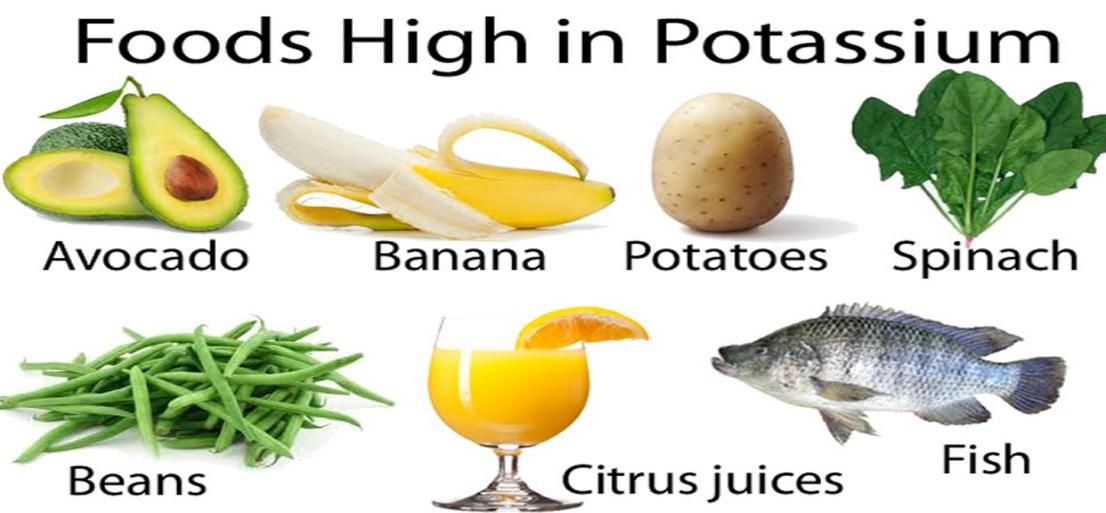
□ **2/3 of potassium is present in tissues and body fluids (potassium is the main intracellular cations)**



□ **1/3 is present in the skeleton**

Functions

- 1. Regulation of osmotic and acid-base balance**
- 2. Nerve and muscle excitability**
- 3. Normalize heart rhythms**



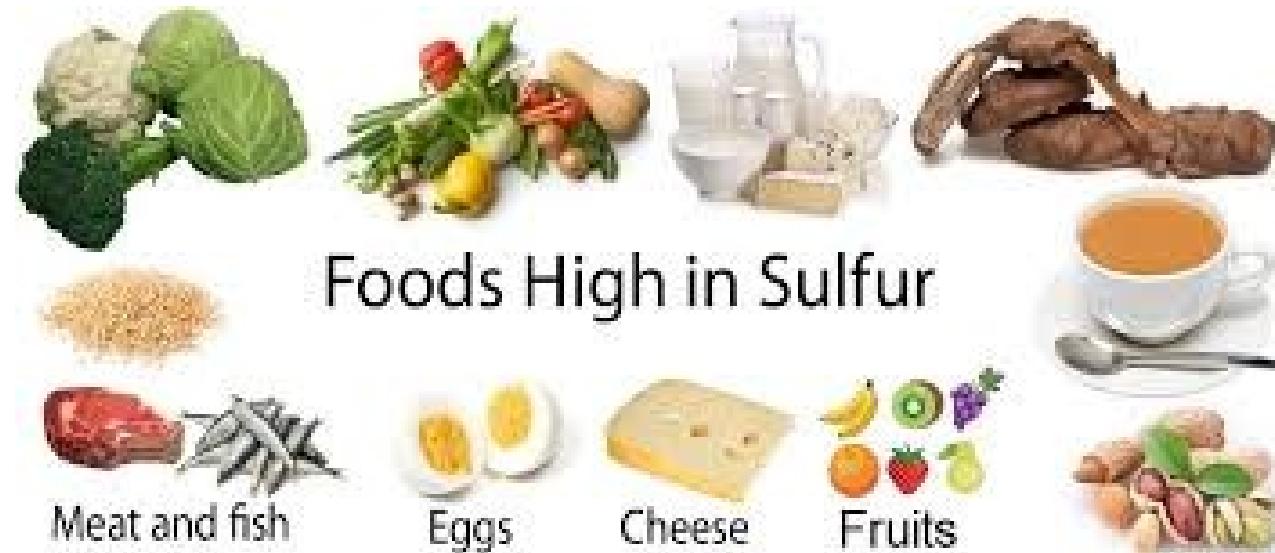


- 1-**Proper nerve function & neurotransmission.**
- 2-**Stabilize the APT co-substrate in enzymatic reactions.**
- 2-**Regulate Muscle contraction**
- 3-**Plays an important role in regulating the neuromuscular activity of the heart; maintains normal heart rhythm.**
- **Decrease magnesium level**
 - tremors, poor appetite, p nystagmus and hypomagne





1. Enters in the formation of keratin of
2. Enter in **structure** Insulin.
3. The sulfur-containing amino acids
(methionine, cystine, cysteine)
4. sulfur-containing Vitamins: biotin and thiamine



II-Trace elements



- <https://www.google.com/url?sa=i&source=images&cd=&cad=rja&uact=8&ved=0ahUf%3A%2F%2Fwww.alamy.com%2Fstock-photo-3d-graphics-essential-trace-elements-11v3Y&ust=1569031222500633&ictx=3&uact=3>



Copper metabolism

Biological functions:

Case scenario



A 15 years-old girl presented with abdominal pain and diarrhea for 3 days. She became jaundiced and provisional diagnosis of hepatitis.

#Lab. Findings :

- **Increased transaminases**
- **CBC anemia and thrombocytopenia**
- **The total serum copper level was decreased**
- **The free serum copper level was increased**
- **Serum Ceruloplasmin level < 20 mg/dl decreased**
- **Urine copper excretion/24h : increased**





What is your clinical impression?



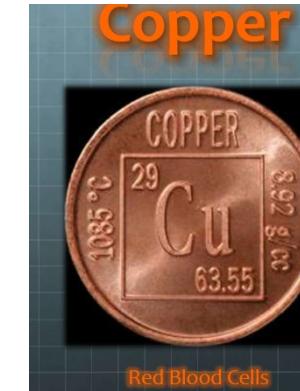
**Wilson's disease :
genetic disease
due to accumulation of large
amount of copper**

**Genetic study revealed mutation of a gene
encoding a membrane bound copper transporting
ATPase**

Copper

Food Sources:

- Liver & kidney , Meats
- Legumes, leafy green vegetables.
- fruits
- Nuts
- Chocolate
- Cows milk is poor sou



Normal level;

(normal serum copper 10-22 umol/L) = 100 - 200 ug/dl



Biological functions:

- **Help in iron absorption in Ferric state**
- **Hb synthesis (ALA synthase is a cu containing enzyme) (anemia)**
- **Bone formation synthesis of collagen**
- **Nervous tissue function**
- **component of many intracellular metalloenzymes**

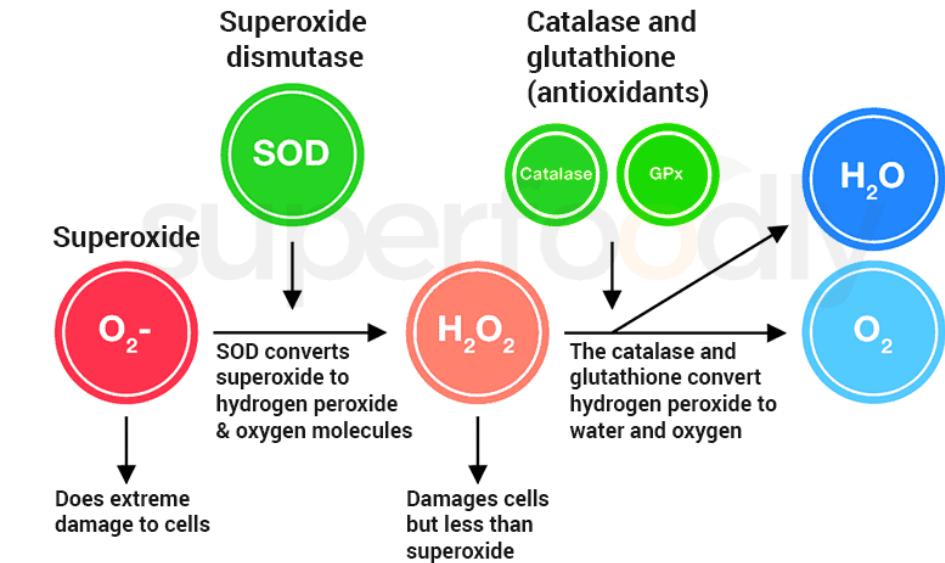
Activity of many enzymes as:



1. Superoxide Dismutase (SOD)



2. Lysyl oxidase
defective synthesis of collagen , defective bone and teeth , hypotonia, hyperelastisity and osteoporosis





continue

4. Cytochrome c oxidase ~~synthesis~~
synthesis , lethargy and weakness

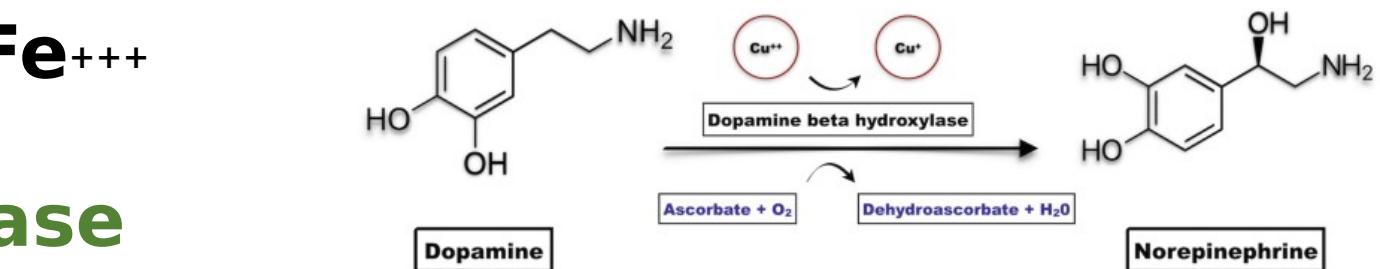
5. Ferroxidase $\text{Fe}^{++} \rightarrow \text{Fe}^{+++}$

6. Dopamine b-hydroxylase

7. Desaturase

8. Monoamine oxidase

- are mitochondrial enzymes that oxidatively deaminate endogenous biogenic amine neurotransmitters such as dopamine, serotonin, norepinephrine, and epinephrine.



Dietary intake

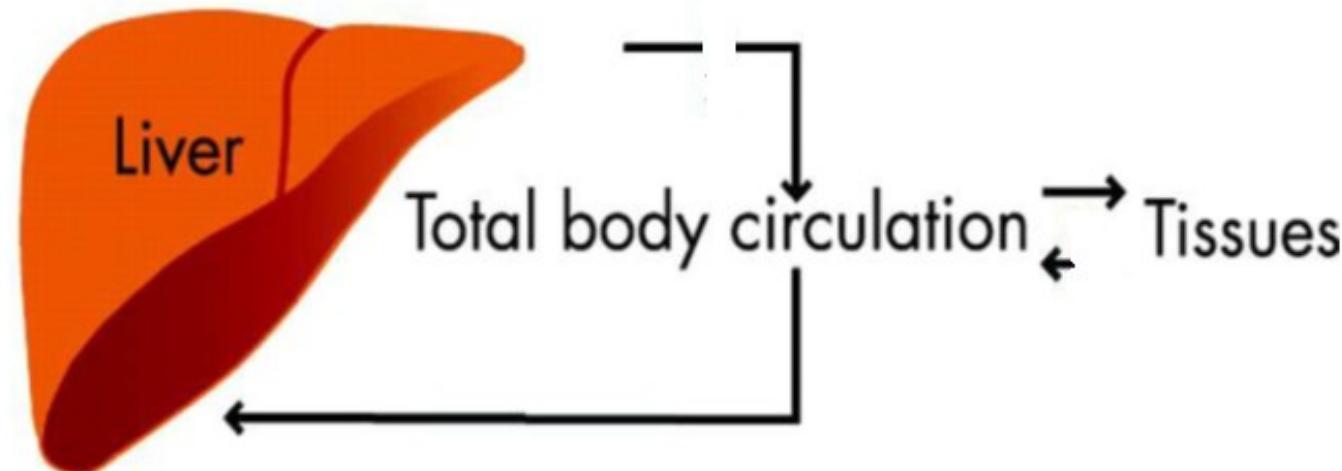


- → Portal vein →

Intestine

← Bile circulation

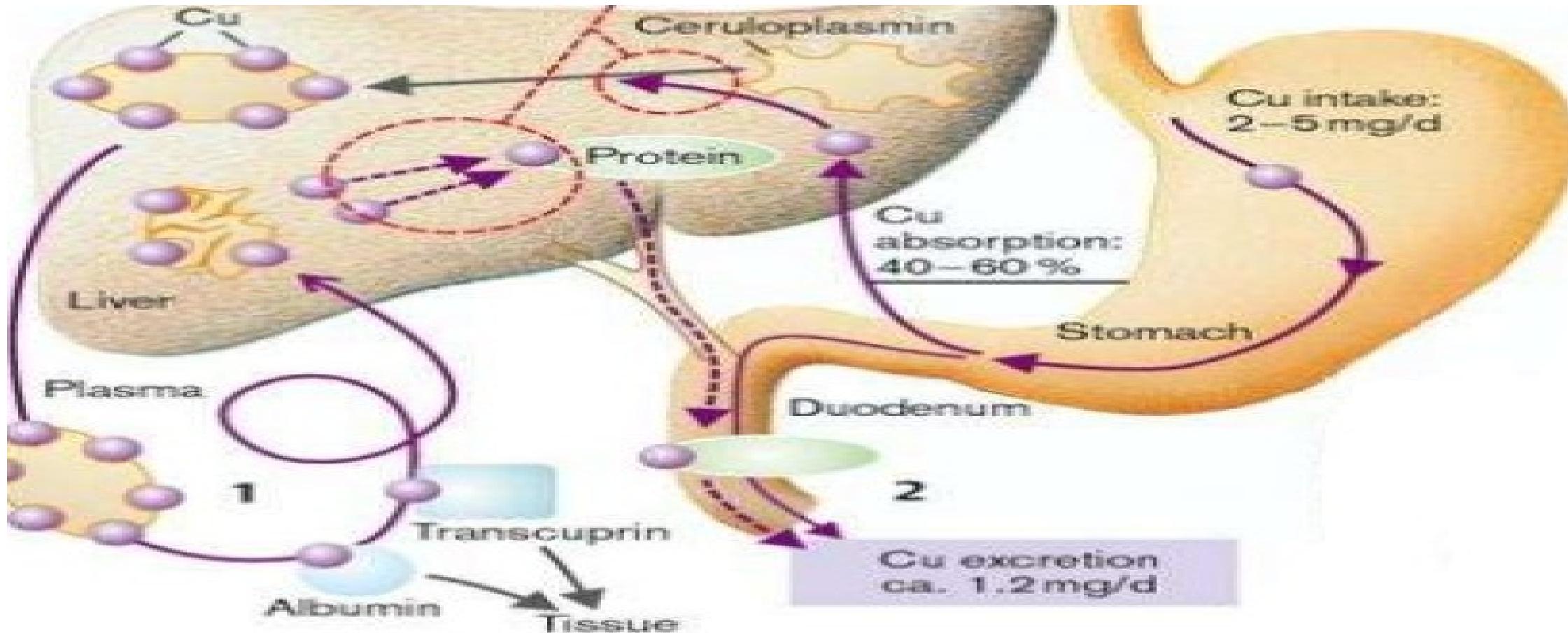
Absorbed Cu transported to liver in portal blood bound to metal binding protein **metallothionein & albumin**



In the blood stream, copper is carried throughout the body by albumin and **ceruloplasmin** (95% of the total copper in human plasma),

Ceruloplasmin : α_2 globulin plasma pr , copper binding protein),

Normal copper metabolism

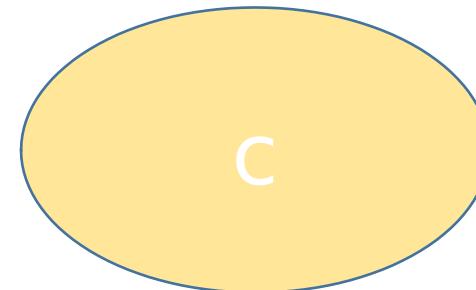


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Quiz



- Which is the primary route for elimination of copper from body?
 - a. Renal excretion
 - b. Liver sulphation
 - c. Biliary excretion
 - d. Sloughing of intestinal mucosal cell





Alterations of plasma copper

1-Cu Toxicity
Wilson's
disease(Hepat
olenticular
degeneration)

2-Copper
Deficiency
(Menks
syndrome)



1-Cu Toxicity

- Dietry :**rare**
- Genetic : **systemic Cu Overload**
Wilson's disease (hepatolenticular degeneration).

- **Increased serum free cu levels**
- **Decreased plasma ceruloplasmin**
- **This disease is characterized by accumulation of large amounts of copper in different tissues**

Wilson's disease (Hepatolenticular degeneration)



➤Cause:

**It is a genetic disease (autosomal recessive disorder),
due to mutation of ATP7B gene**

encoding membrane bound copper transporting ATPase

➤Biochemical basis of Wilson's:

- (1) Excessive copper absorption from the intestine.**
- (2) Failure of Copper excretion via bile.**
- (3) Failure to synthesize ceruloplasmin (Inadequate incorporation of copper into apoceruloplasmin**

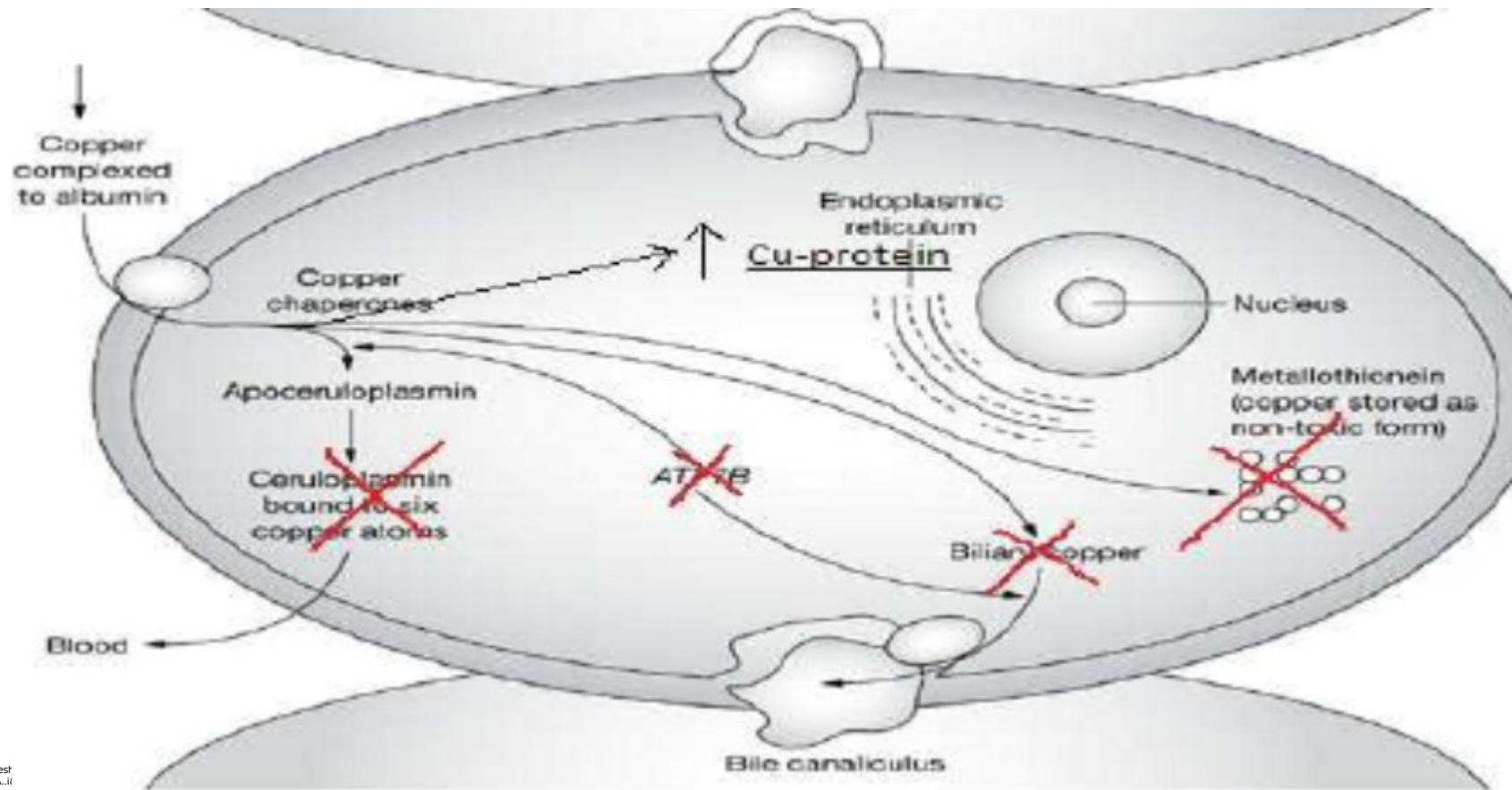
➤Clinical picture:

It is characterized by accumulation of large amounts of copper in liver and different organs :

- Age of onset of symptoms range from 6 to 40 years**

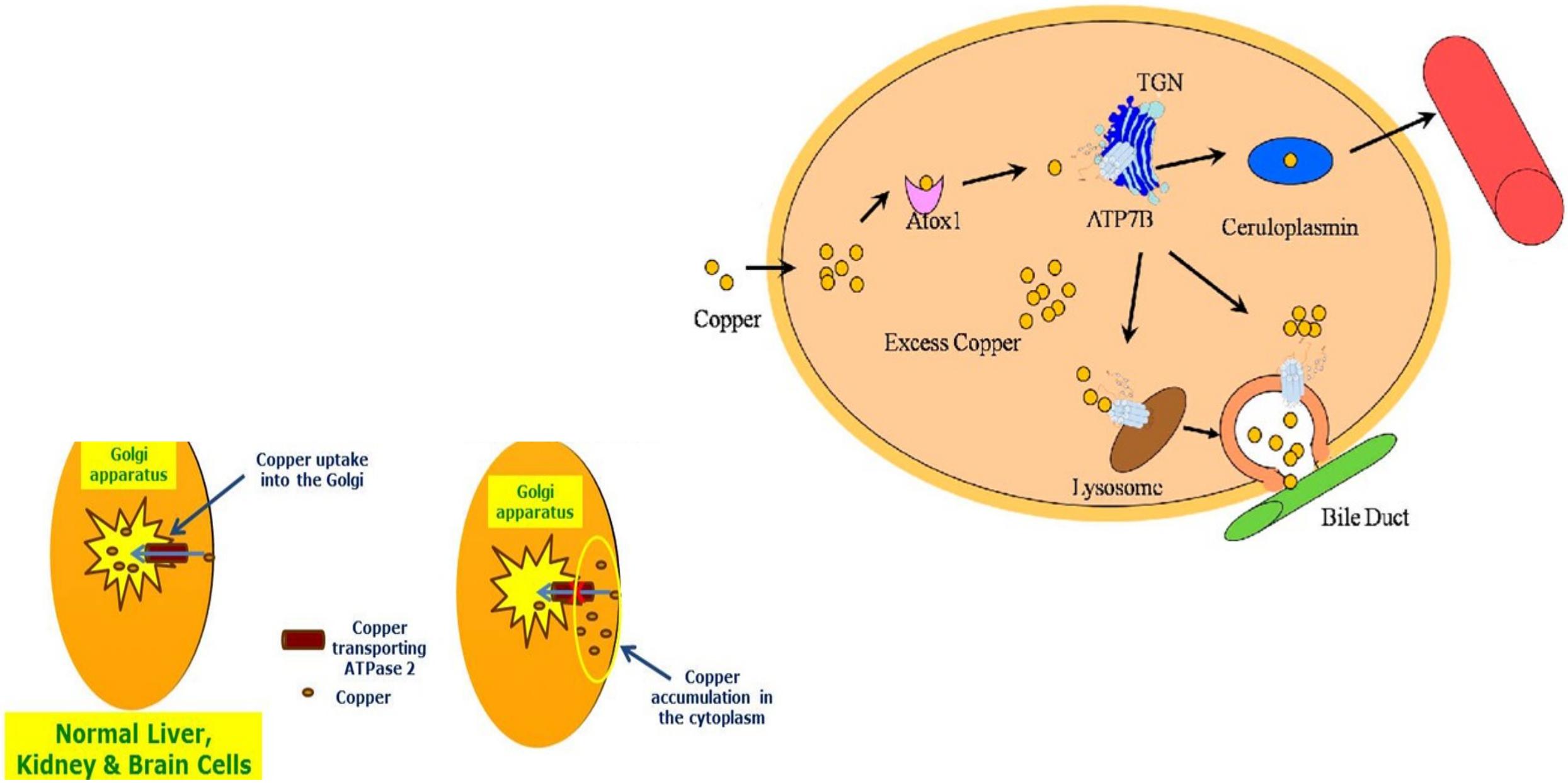
• Incidence 1:30000

Abnormal copper metabolism



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https://www.google.com/imgres?imgurl=https%3A%2F%2Fimage.slides%3A&vet=10ahUEwiU5-KPr97kAhURmhQHZ_nAEMQMwhBKAwAA.ii



Hepatic presentations of Wilson Disease



More common in children than in adults

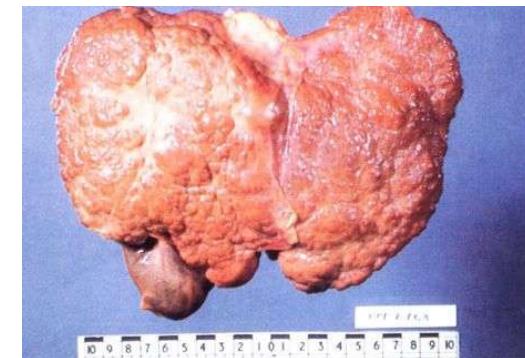
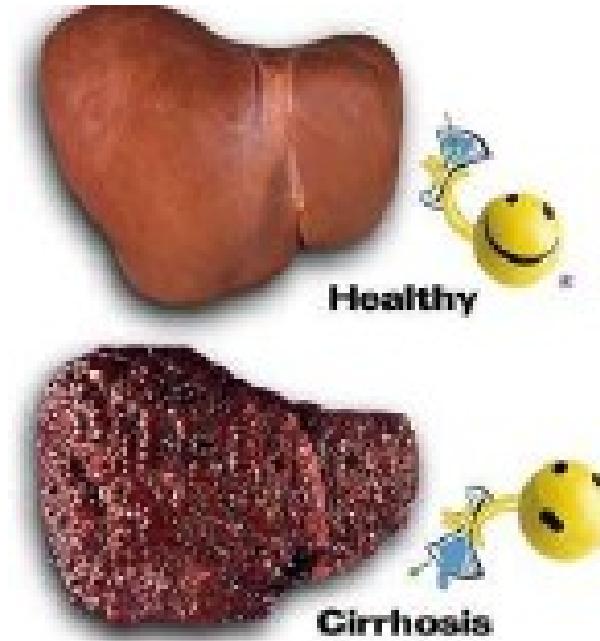
Vague symptoms & non specific Hepatitis and liver cirrhosis

Severe hepatic failure

Hepatic decompensation with ascites

Peripheral edema

Hepatic Encephalopathy





Neurological presentation

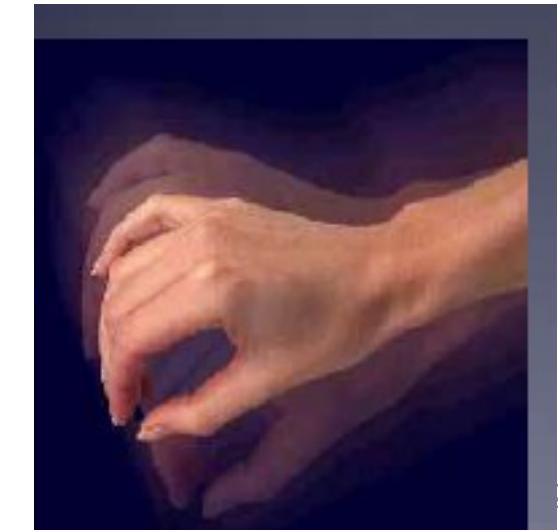
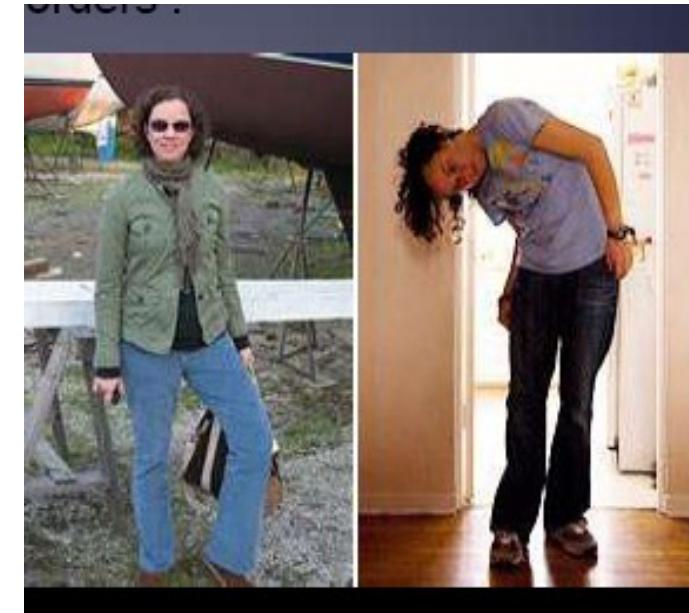
- Tends to occur in 2nd and 3rd decades or later
- defective formation of myelin sheath
- 3 main movement disorders
 - ❖ Dystonia
 - ❖ Tremors
 - ❖ parkinsonism



lentiform nucleus of

New Five Year Program
the brain

GIT Module





Psychiatric disorders

- **20% of cases**
- **Loss of Emotional control**
- **Aggressive antisocial behavior**
- **Depression**





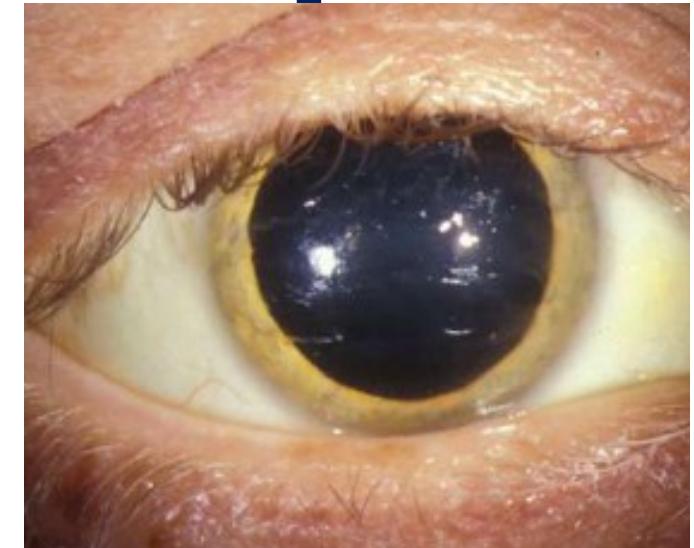
Ocular signs

Cornea green or golden pigments around the cornea

(Keyser- Fleisher ring)

Due to deposition of cu in basement membrane

Lense Sun flower cataract due to cu deposition in the lense





Laboratory diagnosis

- **Low Ceruloplasmin level < 10 mg/dl**
(N: 20-35 mg/dl)
- **High Urinary copper excretion rate >100mg/day**
(N: 20-50 ug/24hs).
- **High Free copper level > 25 ug/dl OR >3.9 umol/L**
(N: 8-12ug/dl = 1.3 :1.9 umol/L)
- **Low total copper level**
- **Liver biopsy : CU levels >250 ug/g of dry weight**
(N: 20-50 ug/g of dry weight)

Treatment:

Penicillamine:

which:

- **chelates copper**
- **and increase its excretion in urine.**

Trientine induces urinary copper excretion

Zinc can block intestinal absorption of cu
(only in pt without neurological
manifestations).

Liver transplantation





2-Copper Deficiency

- **Dietary is rare**
- **Genetic :Menks syndrome**

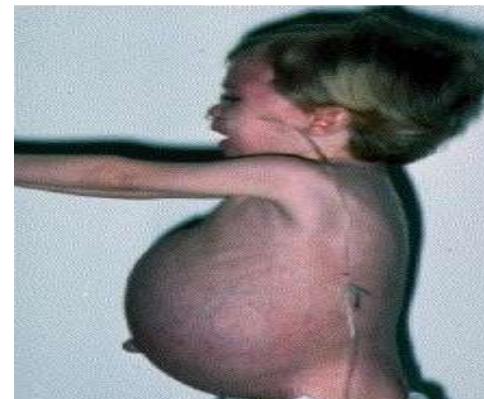
(Menk's kinky or Steely hair disease)

- It is a genetic fetal disease (X linked recessive disorder), due to mutation of ATP7A gene
- encoding for copper-transport protein which is a trans membrane protein
- This gene present in all tissues except liver (very little)
- important for regulating Cu transport from small intestine to the blood,
- accumulation of Cu in intestine and kidney
- Poor distribution of Cu in other body cells.

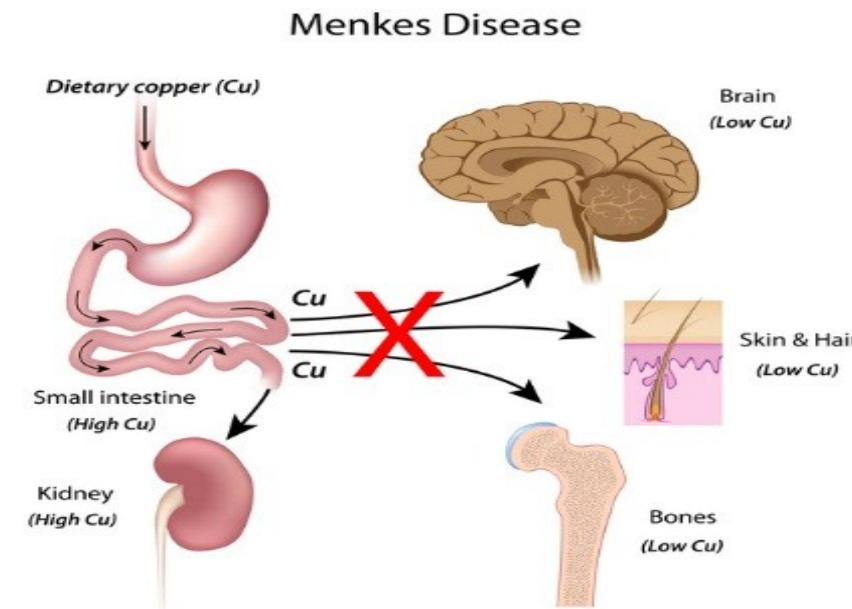
- **Menkes syndrome symptoms :**
- **Brittle, kinky, steely, sparse, or tangled hair.**
- **Pudgy, rosy cheeks, sagging facial skin.**
- **Hypopigmentation.**
- **Feeding difficulties.**
- **Irritability.**
- **Lack of muscle tone, floppiness.**
- **Low body temperature.**
- **Intellectual disability and developmental delay.**
- **Fetal disease**



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- **OTHER COPPER DISEASES**
- **1. Idiopathic Copper Toxicosis**
- **2. Tyrolian Infantile Cirrhosis**
- **3. Indian Childhood Cirrhosis**



Quiz



- Which is the treatment of Menkes disease ?
 - o A. Zinc
 - o B. Penicillamine
 - o C. Trientine hydrochloride
 - o D. Early parenteral copper administration and supportive measures



II-Other Trace elements:

selenium, zinc,

chromium,iodine,floride ,cobalt

2-Selenium



- 1- is an important antioxidant .**
- 2- It is important for many enzymes as**
Glutathione Peroxidase.
- 3-Present in 25% of human proteins**
Selenocysteine amino acid



1- It is a cofactor of some enzymes as Alkaline phosphatase & superoxide dismutase.

2-Zn Finger motifs binds to DNA regulating gene expression

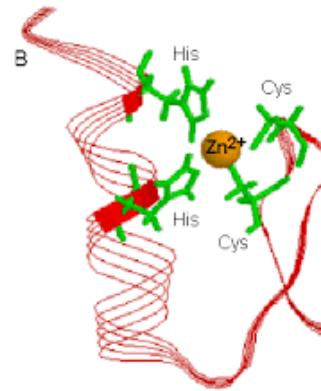
3-It is important for storage of insulin

4-wound healing & healthy skin.

5-Strong immune system

6-Antioxidant nutrient.

7-Healthy hair

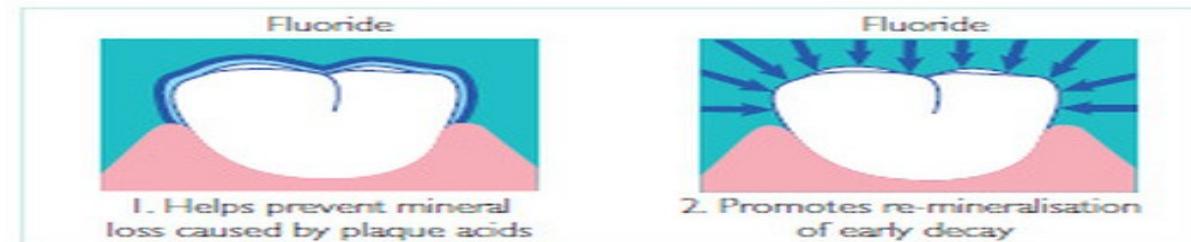


4-Fluoride



Present in Drinking water & seafood

is present in the body almost entirely in bone and teeth.





5-Chromium

- It is an important as a component of glucose tolerance factor (GTF) which is a factor potentiates the effect of insulin by facilitating its binding to the cell receptor.
- Reduce cholesterol & t

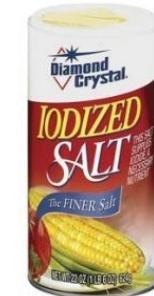


EatHealthyLiveFit.com

6-Iodine



- Present in: Sea water ,iodized table salt & Sea foods
- Enter in the formation of thyroid hormones
- Deficiency :excess stimulation of thyroid gland by TSH (Goiter)



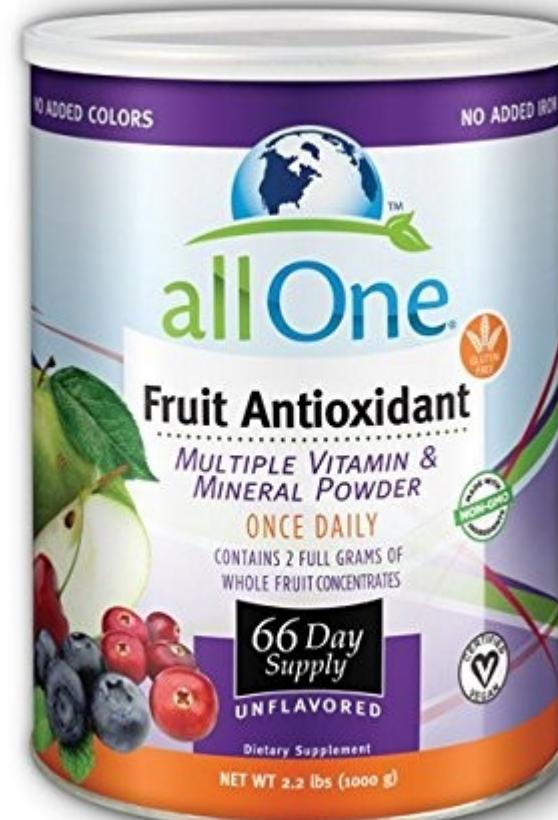
- 7-Cobalt
- Component of Vit B₁₂ (Methylcobalamin or Adenosylcobalamin)

- 8-Molybdenum
- Essential component of some flavoprotein enzymes as xanthine oxidase and sulfite oxidase which catalyzes the oxidation of sulfite (SO₃⁻) to sulfate (SO₄⁻²)

Minerals act as antioxidants



- Copper
- Manganese
- Zinc
- Iron
- Selenium



Quiz



- Which of the following mineral deficiency may results into impaired growth and development, skin lesions and loss of appetite
- 1- Zinc
- 2- Cobalt
- 3- Magnesium
- 4-chromium

-Selenium is important for the following enzyme:



- A) Superoxide dismutase
- B) Alkaline phosphatase
- C) Glutathione peroxidase
- D) catalase



Lecture Summary

- **Inorganic mineral elements** that have a function in the body must be provided in the diet. When intake is insufficient, deficiency may develop.
 - **Wilson's disease (hepatolenticular degeneration).**
Increased serum free cu levels ,Decreased plasma ceruloplasmin,
This disease is characterized by accumulation of large amounts of copper in different tissues
 - **Genetic :Menks syndrome**
 - **Accumulation of Cu in intestine and kidney ,Poor distribution of Cu in other body cells.**

SUGGESTED TEXTBOOKS



1. Lippincott's Illustrated Reviews in Biochemistry

Thank You

